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APPLICANTS

Jon Kolkin, Raleigh, NC;  
 Jeffrey M. Gimble, Baton Rouge, LA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/125,106 04/18/2002 PAT 6,841,150  
 which is a CON of 09/573,989 05/17/2000 PAT 6,429,013  
 which claims benefit of 60/149,850 08/19/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/17/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 DRINKER BIDDLE & REATH LLP  
 One Logan Square  
 18th & Cherry Streets  
 Philadelphia, PA  
 19103-6996

TITLE  
 Adipose tissue-derived adult stem or stromal cells for the repair of articular cartilage fractures and uses thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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